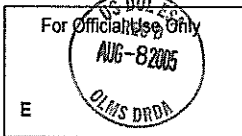


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="5195"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2004"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2004"/>
3. Name and address of person filing. Name <input type="text" value="KEVIN"/> <input type="text" value="J"/> <input type="text" value="DOYLE"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="101 AVENUE OF AMERICAS"/> City <input type="text" value="NEW YORK"/> State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="10013"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="SEIU LOCAL 32BJ"/> Labor Organization File Number <input type="text" value="011-661"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="101 AVENUE OF AMERICAS"/> City <input type="text" value="NEW YORK"/> State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="10013"/>
5. Position in labor organization. <input type="text" value="EXECUTIVE VICE-PRESIDENT"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On <input type="text" value="7/29/2005"/>	<input type="text" value="212-388-3829"/>
	Date	Telephone Number

Name of Person Filing KEVIN DOYLE	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name BLDG SERVICE 32B THOMAS SHORTMAN TSS FUND</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street 101 AVENUE OF AMERICAS</p> <p>City NEW YORK</p> <p>State New York ZIP Code + 4 10013</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SEE ATTACHED SCHEDULE A</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> SEE ATTACHED SCHEDULE A </div> <p>11.b. Approximate dollar value of such dealing. DO NOT KNOW</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> ATTENDED ANNUAL FUND LUNCHEON HONORING PARTICIPANTS AWARDED SCHOLARSHIPS. </div> <p>12.b. Amount. \$115</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Schedule A

The business is a Taft Hartley benefit fund that provides benefits to employees under collective bargaining agreements between the Union and hundreds of Employers in the New York real estate industry. The Employers and the Union make contributions to the Fund, and Union employees are fund participants.

Name of Person Filing KEVIN DOYLE	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="SERVICE EMPLOYEES 32BJ NORTH PENSION FUND"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="101 AVENUE OF AMERICAS"/></p> <p>City <input style="width: 80%;" type="text" value="NEW YORK"/></p> <p>State <input style="width: 20%;" type="text" value="New York"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="10013"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text" value="SEE ATTACHED SCHEDULE A"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; margin: 5px 5px;"></div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text" value="DO NOT KNOW"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; margin: 5px 5px; padding: 5px;"> <p>ATTENDED SERVICE EMPLOYEES 32BJ NORTH PENSION FUND BOARD OF TRUSTEES AT WHICH LUNCH WAS SERVED.</p> </div> <p>12.b. Amount. <input style="width: 100px;" type="text" value="\$35"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; margin: 5px 5px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100px;" type="text"/></p>

Schedule A

The business is a Taft-Hartley benefit fund that provides benefits to employees under collective bargaining agreements between the Union and hundreds of employers in the New York real estate industry. The Employers make contributions to the Fund.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BUILDING SERVICE 32BJ HEALTH FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 101 AVENUE OF AMERICAS

City NEW YORK

State New York ZIP Code + 4 10013

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SEE ATTACHED SCHEDULE A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

SEE ATTACHED SCHEDULE A

11.b. Approximate dollar value of such dealing.

DO NOT KNOW

12.a. Nature of interest held or income received.

ATTENDED BOARD OF TRUSTEES MEETING AT WHICH LUNCH WAS SERVED.

12.b. Amount.

\$27

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Schedule A

The business is a Taft Hartley benefit fund that provides benefits to employees under collective bargaining agreements between the Union and hundreds of Employers in the New York real estate industry. The Employers and the Union make contributions to the Fund, and Union employees are fund participants.